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An Inaugural Dissertation
On
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This being a subject, which from my limited opportunities, I cannot be supposed to have much acquaintance with, (at least practical:) and were I to look over the whole catalogue of Diseases, I could not find one with which I am sufficiently so, to write an essay on the history and treatment of it from my own personal experience; I must be satisfied, (however great the pleasure it would afford me to give anything new and interesting in Medicine:) with merely detailing the information of others, and making selections from the most approved treatises on the disease.

Dysentery is a disease that is much dreaded, and one that may be produced by very slight causes. Sometimes it makes its appearance only amongst a few, and at others it appears to be endemial. "It is a disease which is very incidental to armies; frequently appearing, when after, or during warm weather, they are long exposed to heavy rains; or are long confined to low swampy grounds."

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The contagious nature of Dysentery, is disputed by most of our modern authors, notwithstanding that we find it often prevailing in large Towns, and even Districts of our Country. But still it may be produced by certain states of the atmosphere; as are many of the diseases peculiar to the Southern section of our Country. It is said and on very good ground that the atmosphere may readily effect the alimentary canal, when charged with effluvia arising from substances in a state of decomposition; and no doubt this peculiar atmospherical constitution often gives rise to the disease, affecting all those who are immediately within its sphere of action. Nevertheless, this cannot prove the disease to be contagious, for by this term, we are taught that one person must come actually in contact with another who has the disease, or at all events there must be some degree of communication.

Dr. Mosely, who has attended to this subject particularly, and written extensively on it, denies the contagious nature of the disease. He says that it has prevailed as an epidemic in various parts of the world, always depending more or less on the vicissitudes of the weather, and brought on

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by exposure, causing a constriction of the surface of the body; or in other words obstructing the perspirable matter, and by this means creating (as I suppose) a gastric disease, which ultimately becomes one, of the intestines.

Numerous have been the definitions given this disease, and various are the opinions of Medical writers with regard to the immediate cause of it, which if it were well understood, or properly considered, the cure perhaps could more readily pointed out. The great Sydenham remarked that knowing the cause of a disease, with a correct history of it, he never was at a loss to prescribe a suitable remedy for it; but without this knowledge, he proceeded with great caution. He considered Dysentery to be a fever of the season, or one sui generis, turned inwards on the intestines. If it be a fever of this kind then, we must bear in mind the connection of the stomach with the skin. Cullen defines it to be a contagious fever, in which the patient has frequent and bloody stools, attended with much griping and tenesmus, and sometimes accompanied with nausea and vomiting. Notwithstanding the high authority of Cullen, I am inclined to believe that

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it is not a contagious disease, (unless where it assumes the Typhoid character) but on the contrary one sometimes of a highly inflammatory nature. As it occurs in Europe and other parts of the world, no doubt but that it may be considered contagious, in consequence of the fatality of the disease; but as it occurs in this Country, and more particularly in the Middle States nothing like contagion has been discovered, except where it takes place in Jails, Hospitals &c, when it puts on (as I observed before) the Typhoid type.

Like most of the complaints arising from peculiar states of the Atmosphere, it has its origin in the Stomach, and being readily communicated to the Intestines, propagates the disease permanently there, whence it acts on the whole system. We must therefore consider this disease as an Inflammatory affection of the Intestines, sometimes accompanied with either the Intermittent, Remittent, or Continued form of fever, occurring especially in Summer and Autumn. Dysentery frequently accompanies Catarrh, and alternates with Rheumatism; and hence it has been denominated a Catarrhal, or Rheumatic affection of the lower Intestines.

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Sudden transitions from heat to cold, and vice versa most certainly have a tendency to act on the Stomach and Intestines, as on other Parts of the body; and we find that when the weather has been unusually warm and sultry, and is succeeded by frequent, and long continued rains, we have many complaints induced by its relaxing, and debilitating influence. In this case, the great discharge of Perspiration from the rarefaction of the blood at such Particular Seasons, relaxes the extremities of the Perspiratory vessels, and renders them liable to constriction. Thus does it become a fever, translated to the Intestines, in all Probability from a defective action in the Perspiratory vessels, inducing so great a degree of irritation upon the bowels, as to cause a sudden, and often violent determination of the blood to those Parts, Producing thereby inflammation with all its consequences. Owing to this determination of blood to the Intestines, there is an increase of arterial vigour in those Parts, and a diminution in the extreme vessels of the surface of the body.

Dysentery being a disease that is attended with very different, and various circumstances, most writers accordingly,

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vary very much in their descriptions, as well as, methods of treating it. One has seen the Dysentery, attended with violent fever, and practices copious blood letting, as the proper mode of curing it. Another as it appears in the fall, arising with those, whose situations are upon low and marshy grounds, dreads the consequences of bleeding, and pursues an opposite plan of treatment. Thus are contentions brought about, in consequence of accidental symptoms which must be subject to variation. However the cause of the disease, and attending circumstances being known will in a great measure do away the difficulty of the case; especially by attending to the several indications which are to be fulfilled, in order to complete the cure.

Although I wish to consider this disease as an inflammatory affection of the lower Intestines, accompanied with febrile symptoms, I have nevertheless, thought that it has frequently had its origin, or at least depended (particularly in our Southern climes) upon certain states of the Liver, which tend to produce cholera, and many other bilious diseases, which are incident to that section of our Country, at certain periods of the year. In Asia, and other very warm Countries, the dis-

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case cannot be managed by any other means than a severe course of purging with the mercurial preparations; and frequently there is a necessity for a thorough course of Mercury for the purpose of inducing a complete state of salivation before the disease can be subdued, or in other words, ere a cure can be effected.—

As the disease usually presents itself, we are called on to relieve inflammation, morbid irritation and spasm, and to restore healthy action to the surface, which is very hot and dry. It was the practice of Sydenham, (and he has been followed by most Practitioners since) to commence the cure of Dysentery by the exhibition of an emetic. This is no doubt the correct practice when it is accompanied, as usually happens in Miasmatic Countries, with a stomach loaded with bilious, or other foul matter, creating nausea and distress. The first indication being to remove inflammation, and allay the morbid irritation and spasm, we must immediately have recourse to the lancet, which we are taught by Dr. Chapman, and it is enforced by the high authority of Dr. Physick, is the most efficient means for this purpose, in the commencement of the disease. Nor must we be sparing in its employment, since one large bleeding will have a greater effect

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in relieving or putting a stop to the disease, than a small one frequently repeated, which has no other effect than weakening the patient, without affording him any relief.) It is undoubtedly the quickest, and most effectual means of subduing inflammation, and overcoming spasmodic action, (which forms an insuperable barrier to intestine evacuations.) and it has also the effect of arousing the susceptibility of the system, and of preparing it for the operation of those medicines which are necessary for the cure of this disease. To be effectual, the quantity detracted should be very large, amounting to twenty or thirty ounces; which, (according to Dr. Chapman) will seldom fail of subduing the disease.

Having by means of the lancet prepared the system for the operation of our medicines; the next indication is, to relieve the stomach of its oppressive contents, which may be done by a mercurial purge. Castor oil is the remedy employed for this purpose, but I think that the former remedy is the best; as it is necessary in order that the oil should have some effect, to exhibit it very large doses, (several ounces, during the twenty four hours) and indeed it frequently passes thro' the system una-

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changed. The Calomel may be combined with Rhubarb, or Jalap; and where they linger in the bowels, their operation may be promoted by laxative injections. After the Alimentary canal has been once evacuated, by the Calomel, it may perhaps be better to employ in its place some of the saline purgatives. Of these, the Epsom salt is most frequently used, as it will lay on the stomach when almost all other medicines are rejected. The purging must be continued until the stools resume their natural appearance; for while the feculent matter remains behind, all the symptoms will be aggravated.

As these discharges are the effect of irritation of a spasmodic kind, it is necessary that this irritation should be obviated, and the remedy employed for this purpose, and recommended by some of the highest authorities is, Opium either alone, or in combination with Ipecacuanha. It not only has the effect of doing away irritation, but of determining to the surface of the body; which is indicated by the dry hot skin. But this remedy must always be preceded by the lancet, (for which there is no efficient substitute) or it will frequently prove injurious.

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Above half a Century since, Dr. Akenside proclaimed the superiority of the sweating plan over all others in the management of Dysentery. It has been followed in this practice by many very distinguised Practitioners; particu- Richter and Mosely. Sweating is certainly one of the most important means of combatting Dysentery, but it will not answer alone. A combination of Calomel, Opium, and Ipecacuanha as a diaphoretic, has a very good effect; it calms irritation, relaxes the surface, is gently laxative, and produces many other very beneficial effects. If a more copious perspiration be demanded, the Dovers powder may be advantageously employed, tho' this remedy ought never to be resorted to while evacuations from the bowels are necessary.

Ipecacuanha is a very important, and highly extolled remedy in this disease in all its forms; tho' more particularly where there is a discharge of pure blood, or where there is great pain, and the disposition to go to stool is frequent and ineffectual. This medicine appears to exert a specific operation, which cannot be accounted for.

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Some have supposed the benefit arising from it to depend upon its operating as a cathartic; but other cathartics have not been found to produce the same result; and it does quite as much good when there is no purgative operation from it. Nor can it depend upon its diaphoretic power, since other articles which possess this power in a superior degree, are decidedly inferior to it.

Dr. Clark, a late writer on the nature and cure of Dysentery in the East and West Indies, recommends it in the form of a clyster; but it has not been found in this Country, to produce the effect expected from it.

Dr. Playfair recommends its being administered in the dose of, from ℥ss. to a℥j; combined with from thirty to sixty drops of Laudanum; and confining the patient for some hours afterwards to a horrizontal posture. "If the first dose fails, (says he) the mixture is to be repeated, and the second time it is commonly retained. It has been found, however, that it is only adapted to the commencement of the disease, since if it be a little advanced, the

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The Antimonial Preparations have been recommended by Sir G. Baker and Sir J. Pringle, but I believe they have not been found so advantageous in many cases as the Ipecacuanha.

Fomentations to the abdomen, with a view to aid the operation of the medicine, have been found very serviceable. They relieve spasmodic action.

The warm bath which acts precisely on the same principle, proves sometimes very beneficial; but its employment is attended with considerable inconvenience, and therefore is not often made use of except the cases of children, where it is found exceedingly serviceable.

The flannel roller, a remedy lately proposed by Dewar, will I think, prove to be of great importance, as it, according to his account, possesses all the advantages, without the disadvantages of the warm bath; and acts partly on the same principle. It removes torpor, and produces an increase of general strength, and

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Blisters constitute one of the most important remedies in Dysentery. They are generally applied to the extremities, but in my opinion, the nearer they are applied to the seat of the disease, the more good is likely to result from their employment. But it is generally necessary to premise bleeding and purging once or twice before we employ the blister, and then it should be large enough to cover the whole of the Abdomen. When the symptoms are not so urgent as to demand blistering, the embrocating liniments may be employed with great advantage.

As Dysentery generally occurs in the Northern and Middle States, it is of an highly inflammatory nature, calling for the more directly depleting remedies, and before the system could be put under the mercurial impression, the disease would terminate fatally. But in the Southern section of our Country, and in the East and West Indies it is generally associated with bilious symptoms; and in that case it is necessary to induce a complete

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As the disease occurs in Jails, Hospitals, &c. it generally assumes the Typhoid character, in which case the Mercury is eminently useful.

It sometimes puts on the Intermittent type. In this case I should attend to the bowel affection first, and having subdued that, would then attack the fever with the usual remedies employed for that purpose. Charcoal has lately been very highly recommended in this form of Dysentery, and I should suppose it to be a very valuable remedy, as it has the effect of correcting the fetor and acrimony of the stools.

As I have already spent so much time in treating of the acute forms of Dysentery, I cannot say a great deal on its chronic form. In these cases, tho' the acute symptoms have been removed, there still remains considerable tenderness of the bowels. This tenderness causes them to be frequently excited into action, and by very slight circumstances, producing small stools, mostly consisting of mucus, and very offensive. Every evacuation is attended

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with more or less griping, and which often becomes exceedingly painful. Little appetite exists, and the food that is taken into the stomach is not digested at all, or at most very imperfectly. The skin is dry and parched, the complexion sallow, and the eyes very weak with a shrivelled, and meagre expression of the countenance. This appears to depend on an engorgement of the great blood vessels, which diminishes the determination to the surface. Here I think the flannel roller may be applied with very great advantage, aided by the exhibition of diaphoretics. But where the disease is connected with visceral obstruction, the greatest benefit may be expected from the use of Mercury.

I have now brought to a conclusion all that I intended to say, or indeed think necessary to say in an inaugural dissertation, drawn entirely from the writings of those who from extensive practice have acquired considerable experience in the management of this important disease. Personal experience I could not give, because I have it not; since from the circumscribed situation of my Fathers practice, and the uncommon health

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fulness of the place in which I studied, I have been enabled to see but few diseases, and those of the most common kind. I am therefore compelled to offer this essay imperfect as it is, (with the hope that it will not be objected to) from inability to produce a better one.

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